Peginterferon alfa

- **DRUG ACTION** Polyethylene glycol-conjugated ('pegylated') derivatives of interferon alfa (**peginterferon alfa-2a** and **peginterferon alfa-2b**) are available; pegylation increases the persistence of the interferon in the blood.

- **INDICATIONS AND DOSE**

PEGASYS ®

Chronic hepatitis C (in combination with ribavirin) in previously untreated children without liver decompensation

- BY SUBCUTANEOUS INJECTION
- Child 5–17 years: (consult product literature)

- **CONTRA-INDICATIONS** Severe psychiatric illness

CONTRA-INDICATIONS, FURTHER INFORMATION
For contra-indications consult product literature.

- **CAUTIONS**

CAUTIONS, FURTHER INFORMATION For cautions consult product literature.

- **INTERACTIONS** → Appendix 1: interferons

- **SIDE-EFFECTS**

- **Common or very common** Alopecia · anaemia · anxiety · appetite decreased · arthralgia · asthenia · behaviour abnormal · chills · concentration impaired · cough · depression · diabetes mellitus · diarrhoea · dizziness · drowsiness · dyspnoea · ear pain · eye discomfort · face oedema · feeling cold · fever · flushing · gastrointestinal discomfort · growth retardation · haemorrhage · headaches · hypotension · hypothyroidism · increased risk of infection · influenza like illness · laryngeal pain · leucopenia · lymphadenopathy · malaise · mood altered · muscle complaints · nausea · neutropenia · oral disorders · pain · palpitations · skin reactions · sleep disorders · syncope · tachycardia · taste altered · thrombocytopenia · urinary disorders · urinary tract disorder · vertigo · vision disorders · vomiting
- **Uncommon** Akathisia · chest discomfort · dysmenorrhoea · hallucination · hypersensitivity · keratitis · muscle contractions involuntary · nasal complaints · pallor · photosensitivity reaction · proteinuria · retinal exudate · sensation abnormal · tremor · vaginal discharge · wheezing

SIDE-EFFECTS, FURTHER INFORMATION Respiratory symptoms should be investigated and if pulmonary infiltrates are suspected or lung function is impaired the discontinuation of peginterferon alfa should be considered.

- **CONCEPTION AND CONTRACEPTION** Effective contraception required during treatment—consult product literature.
- **PREGNANCY** Manufacturers recommend avoid unless potential benefit outweighs risk (toxicity in *animal* studies).
- **BREAST FEEDING** Manufacturers advise avoid—no information available.
- **HEPATIC IMPAIRMENT** Avoid in severe impairment.
- **RENAL IMPAIRMENT** For further information on peginterferon alfa use in renal impairment consult product literature.

Dose adjustments Reduce dose in moderate to severe impairment.

Monitoring Close monitoring required in renal impairment.

- **MONITORING REQUIREMENTS**
- Monitoring of lipid concentration is recommended.
- Monitoring of hepatic function is recommended.

- **NATIONAL FUNDING/ACCESS DECISIONS**

NICE decisions

- **Peginterferon alfa and ribavirin for chronic hepatitis C (November 2013)** NICE TA300
  Peginterferon alfa in combination with ribavirin is recommended (within the marketing authorisation) as an option for treating chronic hepatitis C in children.
  www.nice.org.uk/TA300

- **MEDICINAL FORMS** There can be variation in the licensing of different medicines containing the same drug.

Solution for injection

EXCIPIENTS: May contain Benzyl alcohol

- **Pegasys** (Roche Products Ltd)
  Peginterferon alfa-2a 180 microgram per 1 ml Pegasys 90micrograms/0.5ml solution for injection pre-filled syringes | 1 pre-filled disposable injection PoM £76.51
  Peginterferon alfa-2a 270 microgram per 1 ml Pegasys 135micrograms/0.5ml solution for injection pre-filled syringes | 1 pre-filled disposable injection PoM £107.76 DT = £107.76
  Peginterferon alfa-2a 360 microgram per 1 ml Pegasys 180micrograms/0.5ml solution for injection pre-filled syringes | 4 pre-filled disposable injection PoM £497.60

5.3 Herpesvirus infections

Herpesvirus infections

Herpes simplex and varicella–zoster infection

The two most important herpesvirus pathogens are herpes simplex virus (herpesvirus hominis) and varicella–zoster virus.

Herpes simplex infections

Herpes infection of the mouth and lips and in the eye is generally associated with herpes simplex virus serotype 1 (HSV-1); other areas of the skin may also be infected, especially in immunodeficiency. Genital infection is most often associated with HSV-2 and also HSV-1. Treatment of herpes simplex infection should start as early as possible and usually within 5 days of the appearance of the infection.

In individuals with good immune function, mild infection of the eye (ocular herpes) and of the lips (herpes labialis or cold sores) is treated with a topical antiviral drug. Primary herpetic gingivostomatitis is managed by changes to diet and with analgesics. Severe infection, neonatal herpes infection or infection in immunocompromised individuals requires treatment with a systemic antiviral drug. After completing parenteral treatment of neonatal herpes simplex encephalitis, oral suppression therapy with aciclovir p. 420 for 6 months can be considered on specialist advice. Primary or recurrent genital herpes simplex infection is treated with an antiviral drug given by mouth. Persistence of a lesion or recurrence in an immunocompromised patient may signal the development of resistance.

Specialist advice should be sought for systemic treatment of herpes simplex infection in pregnancy.

Varicella-zoster infections

Regardless of immune function and the use of any immunoglobulins, neonates with *chickenpox* should be treated with a parenteral antiviral to reduce the risk of severe disease. Oral therapy in children is not recommended as absorption is variable. Chickenpox in otherwise healthy children between 1 month and 12 years is usually mild and antiviral treatment is not usually required.

Chickenpox is more severe in adolescents than in children; antiviral treatment started within 24 hours of the onset of rash may reduce the duration and severity of symptoms in otherwise healthy adolescents. Antiviral treatment is generally recommended in immunocompromised patients and those at special risk (e.g. because of severe